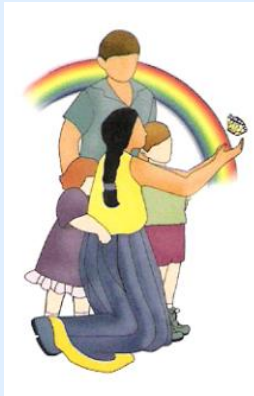


IRVINE ORTHODONTICS

Certificate of Dental Cleaning



Wanda I. Claro
DDS, MS, Inc
Diplomate of the
American Board of
Orthodontics

Bahar C. Ghafouri
DDS, MS, APC

**Specialists
in
Orthodontics**

PATIENT NAME: _____

I, Dr. _____

certify that the above patient has been in our office today for their routine dental cleaning. Our patient will qualify for four (4) tickets to be awarded at Irvine Orthodontics upon submission of this form to be entered into our Special Quarterly Drawing!

DENTIST SIGNATURE & Date

The purpose of our Reward System is to promote better oral hygiene habits. As an incentive for our mutual patients to have routine dental cleanings with you and, hopefully, displaying good oral hygiene throughout the treatment, we will reward them with tickets. We have a Quarterly Drawing for a fabulous prize.



Dr. Ghafouri Dr. Claro

You will also be entered in a drawing for a free lunch for your office

Thank you very much for your cooperation in helping our mutual patients make their Best Smile Come True!

www.irvineorthodontics.com

**2 Osborn, Ste. 180; Irvine, CA 92604
(949) 786-7800**